Quality of Life as a Predictor of Psychological Distress and Self-Esteem among Prisoners

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**ABSTRACT**

**Purpose:** One of the most vulnerable areas for poor mental health is prisons. This study was conducted to investigate whether quality of life predicts psychological distress and self-esteem among prisoners as well as to look at any gender differences that might exist.

**Design/Methodology/Approach:** This study utilized a correlational design carried through the survey method. A purposive sampling technique was used to collect the data from prisoners. The sample (N=200) included 95 male and 105 female prisoners. The sample was selected from Lahore, Faisalabad, Sahiwal, and Gujranwala jails. The age range of the participants was 20 to 50 (M = 38.32, SD=6.43). Data was collected through validated questionnaires.

**Findings:** Regression analysis indicates quality of life as a significant negative predictor of psychological distress and significant positive predictor of self-esteem. Compared to female prisoners, male prisoners have higher self-esteem and a better quality of life than female prisoners. Female prisoners have higher levels of psychological distress than male prisoners.

**Implications/Originality/Value:** These findings highlight the need to improve mental health services in prisons.

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**Introduction**

The word “imprison” is usually use to describe prison cells located in large cities or towns. It can also refer to small prison cells within police stations in which people who are arrested or charged with misconduct await release or punishment (Pattillo et al., 2006). Yousaf et al. (2009) describe prison as a place where people sentenced to violations are sent to comply with their decrees. The World Health Organization (2013) reported that the number of prisoners throughout the world has
risen exponentially over the last decade. There were more than 10.35 million people imprisoned internationally, either awaiting trial or sentenced to prison (Walmsley, 2016).

Pakistan has the 23rd highest prison population and the fifth largest death row population globally, with more than 77,000 prisoners held in 114 prisons. It's astonishing to learn that these prisons have a total capacity of only 57,742 people (“Overcrowded jails”, 2019). Among those in prison are some of the most underprivileged and stigmatized members of the community. Besides, there has been a lack of emphasis on the mental health of prisoners. Extant research has reported that 70 percent of Ghanaian prisoners (Ibrahim et al., 2015), 63 percent of Zambian prisoners (Nseluke & Siziya, 2011), 61.9 percent of Ethiopian prisoners (Ababa, 2003), and 57 percent of Nigerian prisoners (Aishatu et al., 2013) suffered from psychological discomfort. Similarly, the incidence of depression in female jail inmates in Peshawar, Pakistan, was studied by Khan et al. (2012). According to the findings, 59.4 percent of the convicts were depressed. A study of psychiatric morbidity among female detainees of the District Jail Adyala in Rawalpindi found that 23.43 percent had affective disorders and 19.5 percent had mood disorders (Bilal & Saeed, 2011). In a small-scale study conducted by Zadeh (2012) female convicts in a Karachi jail reported a variety of depressive symptoms, the most prevalent of which were insomnia, aggression, and subjective feelings of stress (19 percent, 17 percent, and 16 percent respectively).

Psychological discomfort is induced by inadequate quality of life, particularly an unfair prison environment, according to the Crisis Group Asia Report (2012). In Pakistan's prisons, custodial torture is one of the most serious human rights violations. There is a far greater prevalence of psychological disorders in jails than in general (Beyen et al., 2017). Overcrowding, different forms of violence, a lack of anonymity, a lack of purposeful activity, seclusion from social networks, uncertainty about future possibilities (jobs, relationships, etc.), and insufficient health care, particularly mental health services in prisons can all contribute to the prevalence of psychological disorders (Holley et al., 1995; Brugha et al., 2005; Baillargeon et al., 2009).

Moreover, in prison an individual's freedom of movement is limited. Pakistan's Human Rights Commission (2015) has also reported the poor situation of the country's prisons and highlighted the issue of overcrowding. Female prisoners are also more likely to experience sexual harassment and power abuse at the hands of prison officials and depression, anxiety, stress, and poor sleep patterns. Surprisingly, the infrastructure of our cells is structured to condemn, degrade, and debilitate prisoners without taking into account their mental illnesses or the psychological help they require. It's important to understand that people are sent to prison as punishment, not for punishment. As a result, excellent human behavior should be essential (Yates et al., 2010). Thus, numerous negative consequences are directly linked to the issue of overcapacity, which has an impact on both the psychological and physical well-being of convicts (Anwar & Shah, 2016).

Psychological distress is defined as a state of emotional suffering related to stressors and requirements that are difficult to manage within everyday life (Williams, 2003; Williams & Smith, 2002). Psychological stress, according to Lazarus and Folkman (1984), is a specific interaction between a person and their environment that the person perceives as exhausting or exceeding their resources and harming well-being. During protracted imprisonment, prisoners frequently have limited access to alternative coping techniques, such as deep and trusted relationships. Long-term incarceration, in particular, imposes a significant psychological impact (Lutz et al., 2019). Self-esteem refers to individuals' overall assessment of self-value and worth (Rosenberg, 1965). Self-esteem has been linked to health and effectiveness in coping with adverse circumstances. Low levels of self-esteem have been linked with increased psychological distress (Silove et al., 2002). As a result of their incapacity to successfully manage their current position, prisoners usually
endure severe degrees of psychological discomfort. Therefore, a prisoner's self-esteem is crucial to deal with these difficulties. Furthermore, as the prison population grows, the stress caused by overcrowding tends to disperse. It damages their quality of life. Nowadays, the nature of the prison environment is a significant aspect that has a considerable psychological impact on the prisoners (Condon et al., 2008).

Without question, the low quality of life in prison can be nerve-wracking and, in certain cases, unpleasant, leading to most mental and psychiatric problems. Individuals who are condemned or imprisoned lose their individuality and the support of friends and family, and they may lose their jobs when they get out of prison. As a result of these challenges, they experience anxiety and depression, which consequently damage their self-esteem (Boduszek et al., 2012).

Dachew et al. (2015) conducted a cross-sectional study to explore psychological distress and associated factors among prisoners in North West Ethiopia. Findings revealed a high prevalence of psychological discomfort among convicts. The length of time spent in jail, low to no satisfaction with prison services, and the location of the prison were all found to be important determinants of prisoners’ psychological distress. In addition, Fazel et al. (2016) looked into the mental health of prisoners to see what the frequency, negative effects, and interventions were like. He found substantial evidence of poor rates of psychiatric disease identification and treatment. Prisoners were at a higher risk of fatality, suicide, self-harm, victimization, and assault.

Kamoyo (2018) investigated the effects of incarceration on self-esteem in Kenyan female prisoners. His study discovered a strong link between low self-esteem and imprisonment in female prisoners. Chiclana et al. (2019) conducted a comparative study on young and older convicts' mental health, positive affectivity, and wellbeing in prison. Alemayehu et al. (2019) studied prevalence of depression and associated factors among prisoners in Ethiopia's Bahir Dar Jail. Findings revealed high prevalence of depression among prisoners. The most vulnerable were those with poor overall health, long periods of incarceration, and who had concern for their children.

According to Lutz et al. (2019), poor relations with cellmates and heightened fear of criminality were significant predictors of increased psychological distress among migrant prisoners. Self-efficacy, social support, religious zeal, trait and state depression, resilience, and coping strategies of behavioral disengagement, turning to religion, planning, and seeking social support for instrumental reasons were observed as positive correlates of quality of life. Which were also mediators between the variables listed above and quality of life (Skowronski & Talik, 2021).

Similarly, few researches have been undertaken on the mental health of prisoners in Pakistan. Ghazanfar et al. (2020) investigated depression and subjective well-being among male inmates in Gujrat District Jail. The findings revealed that sadness and subjective well-being have a negative association among male prisoners. Dawood et al. (2016) discovered psychological abnormalities among the inmates. Psychological disorders were more common among those who had committed crimes that resulted in bodily harm. Shahid et al. (2014) investigated the frequency of depression among male detainees in Pakistan and results showed that 85 percent of prisoners suffered from depression. Mild depression affected 30%, moderate depression affected 20%, and severe depression affected 35% of prisoners. Another study found significantly higher rate of psychiatric illness in female convicts (Bilal & Saeed, 2011).

Thus, the accumulating evidence has suggested that there are not always clear links between prisoner quality of life and psychopathology. Psychological disorders are frequently encountered in prisons (Andersen, 2004; Fazel & Seewald, 2012). Research into the quality of life of prisoners is required in order to reduce the negative consequences of incarceration. Because the purpose is to keep both the employees and the prisoners safe (van Ginneken et al., 2018). Researchers have
reported that prisons have become a fertile breeding ground for common mental health disorders due to their pathetic environment, overcrowding, understaffing, and bad management (Mansoor et al., 2015; Solomon et al., 2019). Therefore, the purpose of this study was to highlight the significance of quality of life as a predictor of psychological distress and self-esteem among prisoners in Pakistan.

**Hypotheses**

The following hypotheses have been designed.

H 1: There would be a significant relationship between quality of life, psychological distress and self-esteem among prisoners.

H 2: Quality of life will significantly and negatively predict psychological distress and significantly and positively predict self-esteem among prisoners.

H 3: There would be significant differences in quality of life, psychological distress and self-esteem among prisoners based on gender.

**Material and Methods**

This study included 200 prisoners (95 males and 105 females) from Lahore, Faisalabad, Sahiwal, and Gujranwala jails. The participants were chosen using a purposive sampling strategy and ranged from 20 to 50 years old. In the study, those prisoners were included who were physiologically and mentally stable, had been in jail for more than six months, and were employed before incarceration. Prisoners who had suffered a serious injury or illness were exempted.

Table 1 shows the demographic characteristics of the respondents.

<table>
<thead>
<tr>
<th>Table 1: Demographic Profile of the Participants</th>
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<tbody>
<tr>
<td>Characteristics</td>
</tr>
<tr>
<td>Age</td>
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<td>Gender</td>
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<td>Marital Status</td>
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<td>Education</td>
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<td>Conviction</td>
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<td>Duration in prison</td>
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</table>
Instruments
The DASS (Depression Anxiety Stress Scale) developed by Lovibond and Lovibond (1995) and translated in Urdu by Aslam and Kamal (2017) was used in this study. The DASS comprises 21 statements divided into three categories: depression, anxiety, and stress, each of which has seven questions. The World Health Organization Quality of Life (WHOQOL–BREF, 1998), translated into Urdu by Khalid and Kausar (2008), was utilized to assess the quality of life. The WHOQOL-BREF is a 26-item self-administered questionnaire.

The participants' self-esteem was measured using the Rosenberg Self-Esteem Scale (Rosenberg, 1965), translated into Urdu by Sardar (1998), and later improved by Rizwan (2010). It consists of 10 items. Subjects must score their responses on a 4-point Likert scale (strongly disagree, disagree, agree, and strongly agree). This study used total scores of all instruments.

The study utilized survey method for data collection. Institution heads of the prisons were approached to obtain permission for data collection. After taking permission, the questionnaires were distributed to the prisoners, and their consent was taken prior to the data collection. They were assured that their personal information would be kept private. Participants were briefed on the purpose of the study and invited to choose or decline to participate in the study. After the data collection was done, the reliability of the data, statistical methods of bivariate correlation, t-test, and linear regression were analyzed using SPSS (Statistical Package for Social Sciences) version 20.

Results
The findings of correlation analysis in Table 2 show significant correlation between quality of life, psychological distress and self-esteem. Quality of life is negatively correlated with psychological distress and positively correlated with self-esteem. In addition, psychological distress is negatively related to self-esteem.

Table 2: Pearson Correlation Between Study Variables (N = 200)

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life</td>
<td>1.00</td>
<td>-.33**</td>
<td>.55**</td>
</tr>
<tr>
<td>Psychological Distress</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-esteem</td>
<td></td>
<td>-.68**</td>
<td></td>
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<tr>
<td>Note: **p&lt; .001</td>
<td></td>
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</tbody>
</table>

Table 3 presents that quality of life is a significant predictor of psychological distress and self-esteem among prisoners of Punjab. The first phase revealed that quality of life is a strong negative predictor of psychological distress. The second phase discovered that the quality of life is a positive predictor of self-esteem.

Table 3: Quality of Life as a Predictor of Psychological Distress and Self-esteem among Prisoners

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Beta-coefficient</th>
<th>Standard-Error</th>
<th>t- value</th>
<th>p- value</th>
<th>Results</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>QOL → PSYD</td>
<td>-.64</td>
<td>0.04</td>
<td>-13.81</td>
<td>0.000</td>
<td>Supported</td>
<td>.49</td>
</tr>
<tr>
<td>QOL → SE</td>
<td>0.28</td>
<td>0.01</td>
<td>17.78</td>
<td>0.000</td>
<td>Supported</td>
<td>.61</td>
</tr>
</tbody>
</table>

Note: SE= Self Esteem, QOL= Quality of life, PSYD= Psychological distress **p< .001.

Table 4 shows the disparities in quality of life, psychological distress, and self-esteem between men and women. According to the findings, male prisoners had a higher level of self-esteem and a higher quality of life than their female counterparts. Furthermore, females experienced more psychological distress.

Table 4: Gender Differences in Quality of life, Psychological Distress and Self-esteem among Prisoners
Discussion

This study aimed to investigate the predictive validity of quality of life in psychological distress and self-esteem. Findings revealed that quality of life positively predict self-esteem and negatively predict psychological distress. The findings are in line with previous studies in which quality of life and psychological distress were negatively related. Low life satisfaction, lower physical function, and a lack of quantitative social support, according to researchers, are greater predictors of psychological distress (Seiffge-krenke, 2000; Kumar et al., 2016). According to studies, psychological suffering is strongly linked to prison facilities. Inmates who did not have access to jail services had a three-fold increased risk of psychological distress (Dachew et al., 2015). The same was indicated in the research of Schnittker and John (2007) who revealed a negative association between quality of life and psychological distress. Based on the duration and place of the prison, the quality of life was less when imprisonment was longer than six months. Overcrowding and unhygienic conditions resulted in psychological distress (Topp et al., 2018). The findings are also supported by Kazemi et al. (2017) study, which revealed a significant positive link between dimensions of quality of life and self-esteem. In addition, there was a substantial negative association between self-esteem and unpleasant mood, and all the dimensions of quality of life were significant predictors of self-esteem.

Additionally, extant research has reported a negative association between psychological distress and self-esteem (Flett et al., 2003; Duraku et al., 2018; Radeef & Faisal, 2019). Because of the societal stigma associated with mental illness, prisoners who have already struggled with a psychiatric condition may acquire low self-esteem. Humiliation can make people feel like they've failed in some way (Franck & De Raedt, 2007).

According to the findings of this study, male prisoners have high self-esteem and quality of life, whereas female prisoners have higher scores on the psychological distress. The findings are in line with previous studies. Kamoyo (2018) found low self-esteem among female prisoners and Bilal and Saeed (2011) found significantly higher rate of psychiatric illness among female convicts. Research and practitioners alike continue to be concerned about prisoners' ability to cope with jail conditions. Prison can be a cruel reality that harms inmates, making it hard to adjust to their surroundings (Shulman & Cauffman, 2011; Shrestha et al., 2017).

Limitations and suggestions

There may be some limitations in this study. Firstly, the present research relied only on self-report measures to study quality of life, psychological distress, and self-esteem which may cause common method bias. In addition, prisoners' medical reports need to be verified to support the findings and bring a broader perspective. Since, it was a cross-sectional study, there is no information on the length and progression of the symptoms of psychological distress among prisoners. Future studies should address these limitations in order to improve the existing literature on this subject in Pakistan.
Conclusion
In Pakistan, the Law and Justice Commission describes prisons as having six C's: custody, care, control, correction, cure, and community. It not only serves as a key source of basic healthcare, but it also helps to keep the jail well-organized and secure. In prisons, rehabilitative programs should be implemented in order to improve prisoners’ psychological health and self-esteem. Since then, they have low self-esteem due to low quality of life in prison. The prison atmosphere should be improved to allow for more supportive social groups, where prisoners, particularly those serving extended terms, can foster a sense of belonging. This will also help to improve their quality of life. In addition, broad use of cognitive behavioral therapy as part of rehabilitative training may lead to fewer re-arrests and a lower likelihood of re-incarceration upon release. Consequently, the findings of this study should be used to develop new counseling programs to help prisoners cope with the psychological impact of incarceration. Mental health needs of prisoners should be evaluated and emphasized for the formulation of suitable policies and health services. These steps will aid in the reintegration of prisoners back into society.

References


